Written Testimony in Support of Bill #5326

Submitted by Janice S. VanRiper, JD, PhD

March 17, 2014

Honorable members of the Committee on Public Health, I am Janice S. VanRiper, JD, PhD. I appreciate the opportunity to submit this testimony in support of Bill 5326. I write as a bioethicist and attorney, and having previously taught bioethics and other applied ethics courses at Connecticut State University for two years. My specialty is end-of-life ethics. As a current Montana citizen, I participated as a party in the Montana bioethicists *amicus* brief in support of the prevailing plaintiffs in *Baxter v. Montana*[1], the Montana Supreme Court case finding that aid-in-dying is not illegal in that state. It should be legal in Connecticut as provided in Bill 5326.

From an ethical perspective, there are three primary reasons this bill should pass: (1) It permits terminally ill patients to exercise their liberty; (2) It allows physicians a vehicle to improve the remaining quality of lives of terminally ill patients who request it; and, (3) It provides safeguards against potential abuses and other worries about the practice. I'll address each of these reasons briefly.

1. Bill 5326 permits terminally patients to exercise their liberty.

The primary ethical argument in favor of aid-in-dying is that it allows a terminally ill patient a choice to hasten their own impending death. Those of us who know or who have known people who are terminally ill understand that people approach those circumstances differently, depending on their own experience of their illness, their values and other factors. I had a relative, for example, who wanted to hang on to the last possible second she could have in this world, regardless of her level of suffering. She would never have chosen aid-in-dying had it been available. Another person dreaded increasing

[1] 2009 MT 449, 354 Mont.234, 224 P3rd.

incapacitation and the thought of heavy sedation to make him comfortable, and would have chosen to avoid his last suffering months had he had the option at the time for aid-in-dying. Surely many members of this Assembly have known others who would make different choices with a terminal illness, whether they are for different religious, cultural or personal circumstantial reasons. These are extremely personal and significant choices, one in which the state of Connecticut should not meddle, except insofar as it does, in this Bill 5326, to provide proper safeguards and protections.

2. Bill 5326 allows physicians a compassionate vehicle to improve the remaining quality of lives of terminally ill patients who request it.

An often over-looked benefit of aid-in-dying is the opportunity it provides for physicians to improve the remaining quality of life for terminally ill patients. For many such patients, simply knowing that they have the option of taking medication should their circumstances become intolerable for them removes a significant source of anxiety. Without that terrible worry, they are able to much better cope with and enjoy, to the extent possible, their remaining time. This is no small gift for a person who has limited life time left. Bill 5326 removes an obstacle to physician who see their job as healers, allowing them to provide that gift.

3. Bill 5326 safeguards against potential abuses and other worries about the practice.

From a privacy perspective, the State of Connecticut should not prohibit the practice of aid-in-dying. The State does, however, have legitimate concerns to assure that aid-in-dying efforts are not abused. The safeguards built into the Bill provide adequate measures to protect against those concerns.

Standard worries about allowing aid-in-dying include that some may choose aid-in-dying when they are depressed or otherwise incompetent to make such an irreversible decision, and that vulnerable persons, such as those who have disabilities or the poor, will be taken advantage of by a health care system strapped for resources, relatives with selfish intentions or others. Bill 5326, modeled to a large

degree on Oregon's statute, carefully protects against these worries by requiring second medical opinions, psychiatric evaluations where appropriate, waiting periods and second requests, among others protections. As others will testify, with such safeguards, the Oregon safeguards have proven uccessful in assuring these legitimate concerns are not borne out.

Another objection raised by many is that physicians should be healers and not "killers." There is no question that the proper role of a physician is to be a healer. Death, however, happens. When a patient can no longer be "healed," but is approaching certain death, a physician may "heal" the suffering of such a patient who wants to avoid a prolonged suffering but certain death. Additionally, as mentioned, physicians may provide emotional peace and enhance the precious remaining time of patients who would be calmed knowing they had the option of using a prescribed medication should they get to the point where they would wish to do so.

Finally, mention must be made of the argument many make against aid-in-dying: the "sanctity of life." Few would quarrel with the "sanctity of life," as an expression of profound respect for each individual human life. Protecting the life of its citizens is certainly a legitimate state interest of Connecticut and all states, although like most state interests there are boundaries to its exercise.[2] Aid-in-dying, however, addresses citizens who are in the process of loosing life, and, by definition of "terminally ill," for whom further medical intervention will not reverse the dying process. Bill 5326 compassionately allows such patients and their physicians a means to assure those remaining days are as anxiety-free as possible. It further allows such a patient to avoid a prolonged dying process if prolongation does not fit with their individual values. As such, aid-in-dying is an expression of the "sanctity of life" as an expression of respect for terminally ill patients.

[2] See, for example, the U.S. Supreme Court companion cases of *Vacco v. Quill*, 521 US 793 (1997) and *Washington v. Glucksberg*, 521 US 702 (1997), cases in which the Court affirmed states' interests in protecting human life but noted certain boundaries at the end of life.